

PROJECT ID # _____

HB # _____

Revised 03/01/2006

Quarterly Progress Report
Local Government Projects
Kentucky Community Development Office
Governor's Office for Local Development

Type of Award

Please check one of the following (double-click on box to check):

☐ Local Government Economic Development Fund
(LGEDF) **"Coal Severance" Line-item**

☐ Local Government Economic Development Fund
(LGEDF) **"Coal Severance" Grant**

☐ Community Economic Growth Grant (CEGG)

☐ Other Line-item Projects

Project

Project Title: _____

Type of Project (construction, revitalization, purchase of land/equipment, etc.): _____

Project Allocation: \$ _____ Total Funds Expended to date: \$ _____

Grantee

Legal Grantee: _____

Street Address: _____

City, State, Zip Code: _____ Office Phone: _____

Official's Name: _____

Was applicant a pass-thru agency to third-party recipient? (check one) ☐ yes ☐ no

If yes, please list third-party recipient _____

Project Status

Please check the months you are reporting on as part of this progress report:

☐ July-Sep

☐ Oct-Dec

☐ Jan-March

☐ April-June

Have all funds allocated for this project been received and expended?

☐ yes

☐ no

If yes, please complete the *Project Completion Report* and send to the Governor's Office for Local Development, attention to the Kentucky Community Development Office.

If no, please explain all activities of this project or problems with this project. Make sure to provide an estimated date for completion (REQUIRED):

Financial Information

Total number of previous draws: _____ Total amount of disbursements received to date: _____

Did you submit a request for disbursement to KCDO during this reporting period? ☐ yes ☐ no

If yes please list all financial transactions within the quarter:

Payable	Amount	Purpose (equipment, supplies, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the financial back-up documentation attached for all requests for disbursements submitted to KCDO during this reporting period? (check one)

☐ yes ☐ no

Certification of Recipient

Name and Title of Chief Executive Officer: _____

Signed _____ Date _____

Name and Title Third Party Recipient: _____

Signed _____ Date _____

For GOLD use only

FOR GOLD USE ONLY: This *Quarterly Progress Report* is hereby approved.

KCDO Staff Reviewer: _____ Date _____

KCDO Authorized Approval: _____ Date _____

☐ Accepted ☐ Acknowledge Receipt

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